

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
[37 CFR 1.27(f) and 1.27(d)] -- NONPROFIT ORGANIZATION

95115-310

Applicant or Patentee: C.J.M. MELIEF & J.J. GEUZE

Docket No. \_\_\_\_\_

Serial or Patent No.: \_\_\_\_\_

Filed or Issued: 2 February 1998

For: Cell derived antigen presenting vesicles

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: Universiteit Utrecht

ADDRESS OF ORGANIZATION: Universiteitsweg 100, 3584 CG Utrecht, the Netherlands

TYPE OF ORGANIZATION

☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION

☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC 501(a) and 501(c) (3)]

☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OR THE UNITED STATES OF AMERICA

(NAME OF STATE \_\_\_\_\_)

(CITATION OF STATUTE \_\_\_\_\_)

☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC 501(a) and 501(c) (3)] IF LOCATED IN THE UNITED STATES OF AMERICA

☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA

(NAME OF STATE \_\_\_\_\_)

(CITATION OF STATUTE \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) or (b) of Title 35, United States Code with regard to the invention entitled Cell derived antigen presenting vesicles

By inventor(s) C.J.M. MELIEF & J.J. GEUZE

described in

☐ the specification filed herewith

☒ application serial no. \_\_\_\_\_, filed 2 February 1998

☐ Patent no. \_\_\_\_\_, issued \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

NAME Rijksuniversiteit te Leiden

ADDRESS Stationsweg 46, 2312 AV Leiden, the Netherlands

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☒ NONPROFIT ORGANIZATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 USC §1001, and may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Drs. J.L.A.M. Halkes

TITLE IN ORGANIZATION Managing Director

ADDRESS OF PERSON SIGNING Faculty of Medicine, University Utrecht,  
P.O. Box 80.030, 3508 TA Utrecht, The Netherlands

SIGNATURE \_\_\_\_\_

DATE 19 01 1998

## DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

( ) Original ( ) Supplemental ( ) Substitute (x) PCT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: Cell Derived Antigen Presenting Vesicles

which is described and claimed in:

( ) the attached specification, or  
 (x) the specification in the application Serial No. \_\_\_\_\_ filed 2 February 1998 ;  
 and with amendments through \_\_\_\_\_ (if applicable),  
 (x) the specification in International Application No. PCT/ NL96/00317 , filed  
5 August 1996 , and as amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
<u>EP</u>	<u>95202123.6</u>	<u>3 August 1995</u>	(x) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

SERIAL NO.	U.S. FILING DATE	STATUS
_____	_____	( ) Patented ( ) Pending ( ) Abandoned
_____	_____	( ) Patented ( ) Pending ( ) Abandoned
_____	_____	( ) Patented ( ) Pending ( ) Abandoned

I hereby appoint: Barbara Rae-Venter, Ph.D. Reg. No. 32,750; Viola T. Kung, Ph.D. Reg. No. 41131; Nisan A. Steinberg, Ph. D. Reg. No. 40345; James M. Verna, Ph. D., Reg. No. 33287.  
 as my attorneys of agents with full power of substitution and revocation to prosecute my above-identified application for Letters Patent and to transact all business in the Patent Office connected therewith.

Direct all telephone calls to Barbara Rae-Venter, Ph.D. at (650)328-4400  
 Direct all correspondence to:

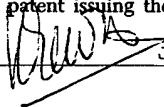
Rae-Venter, Ph.D.  
 Law Group, P.C.

California 94306-0039

Effective February 27, 1983

FULL NAME OF 1ST INVENTOR <u>1-80</u>	FAMILY NAME <u>GEUZE</u>	FIRST GIVEN NAME <u>Johannes</u>	SECOND GIVEN NAME <u>Jacobus</u>
RESIDENCE & CITIZENSHIP	CITY <u>Kockengen</u>	STATE OR COUNTRY <u>the Netherlands</u>	COUNTRY OF CITIZENSHIP <u>the Netherlands</u>
POST OFFICE ADDRESS	ADDRESS <u>van Renesseweg 1</u>	CITY <u>Kockengen</u>	STATE OR COUNTRY <u>the Netherlands</u> <u>NLX</u> ZIP CODE <u>3628 BB</u>
FULL NAME OF 2ND INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
FULL NAME OF 3RD INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
FULL NAME OF 4TH INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
FULL NAME OF 5TH INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
FULL NAME OF 6TH INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1st Inventor  J. J. GEUZE Date 19.01.98

2nd Inventor \_\_\_\_\_ Date \_\_\_\_\_

3rd Inventor \_\_\_\_\_ Date \_\_\_\_\_

4th Inventor \_\_\_\_\_ Date \_\_\_\_\_

5th Inventor \_\_\_\_\_ Date \_\_\_\_\_

6th Inventor \_\_\_\_\_ Date \_\_\_\_\_

Rev. 1-3/11/83

Effective February 27, 1983

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( ) Original ( ) Supplemental ( ) Substitute (x) PCT

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_____	_____	_____	( ) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO
_____	_____	_____	( ) YES ( ) NO

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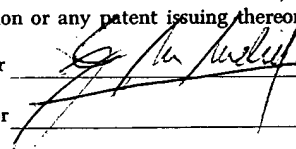
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_____	_____	( ) Patented ( ) Pending ( ) Abandoned
_____	_____	( ) Patented ( ) Pending ( ) Abandoned

I hereby appoint: Barbara Rae-Venter, Ph.D., Reg. No. 32750, Viola T. Kung, Ph.D., Reg. No. 41131  
Nisan A. Steinberg, Ph.D. Reg. No. 40345, James M. Verna Ph.D. Reg. No. 33287  
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 Address all correspondence to: Barbara Rae-Venter, Ph.D.  
Rae-Venter Law Group, P.C.  
P.O. Box 60039  
Palo Alto, California 94306-0039

Effective February 27, 1983

FULL NAME OF 1ST INVENTOR <u>2-00</u>	FAMILY NAME <u>Melief</u>	FIRST GIVEN NAME <u>Cornelis</u>	SECOND GIVEN NAME <u>Johannes Maria</u>
RESIDENCE & CITIZENSHIP	CITY <u>Haarlem</u>	STATE OR COUNTRY <u>the Netherlands</u>	COUNTRY OF CITIZENSHIP <u>NLX the Netherlands</u>
POST OFFICE ADDRESS	ADDRESS <u>Wilhelminapark 33</u>	CITY <u>Haarlem</u>	STATE OR COUNTRY <u>the Netherlands</u> ZIP CODE <u>2012 KC</u>
FULL NAME OF 2ND INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
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1st Inventor  C.J.M. Melief Date 26 Jan. 1998

2nd Inventor \_\_\_\_\_ Date \_\_\_\_\_

3rd Inventor \_\_\_\_\_ Date \_\_\_\_\_

4th Inventor \_\_\_\_\_ Date \_\_\_\_\_

5th Inventor \_\_\_\_\_ Date \_\_\_\_\_

6th Inventor \_\_\_\_\_ Date \_\_\_\_\_